



Shrewsbury High School Athletic Boosters 2015 -
2016

Individual Team Fundraiser Event

Date of request: _____

Team(s) making request: _____

Contact Person: _____

Contact Person Email: _____

Contact Person Phone : _____

Describe the proposed fundraiser in detail:

Date of fundraiser: _____

Location: _____

Funds to be used for: Please make sure that all checks are made out to SHS Boosters. Cash and checks will be collected by the fundraising contact person and submitted to SHS Boosters. Once receipts are received for items purchased, SHS Boosters will reimburse. If there is a balance left over from what you collected, SHS Boosters will hold your money for one year. That money can be accessed at any time if there are more equipment needs.

Funds cannot be used for: food, gifts, flowers, banquet type activities, team party activities. If there is any questions in regard to your request, please contact the fundraising director Kevin Flaherty at: flahertykpt@townisp.com or 508-317-9581.

Athletic Director's Approval: Yes _____ No _____

SHS Booster Board Approval: **Yes** _____ **No** _____